



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

2856  
# 7/B (NE)  
1/6/03  
10/2/03

In re Application of )

GRAZE, JR. RUSSELL R. )

Application No.: 09/852,815 )

Filed: 05/10/2001 )

For: SERIAL MULTISTAGE AEROSOL )  
DILUTER AND CONTROL SYSTEM )

Attorney Docket No.: 98-281 )

) Art Unit: 2856

) Examiner: ROBERT R.  
RAEVIS

) Paper No.: 7

Peoria, Illinois 61629-6490

September 22, 2003

Mail Stop NON-FEE AMENDMENT  
Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

AMENDMENT

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In response to the Official Action dated August 14, 2003, please  
amend the above-identified application as follows:

INTRODUCTORY COMMENTS

This paper includes: IN THE CLAIMS, AND REMARKS.

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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

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(to be used for all correspondence after initial filing)

Application Number	09/852,815
Filing Date	05/10/2001
First Named Inventor	Russell R. Graze, Jr.
Group Art Unit	2856
Examiner Name	Robert R. Raevis
Attorney Docket Number	98-281

Total Number of Pages in This Submission

## ENCLOSURES (check all that apply)

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|---|---|--|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment / Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s) (please identify below): |
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Remarks

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm  
or  
Individual name

Byron G. Buck II, Registration No. 40,537

Signature

Date

September 22, 2003

## CERTIFICATE OF MAILING

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